


TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53		Attorney Docket No.	38349-0120		
		First named inventor	A. Rapacki		
		Express mail label #	EV195169979US		
		Date of mailing	<u>July 25, 2003</u>		
Application Elements		Accompanying Application Papers			
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing 110 pages (including Claims and Abstract). a. Title: BRONCHIAL FLOW CONTROL DEVICES AND METHODS OF USE b. Number of claims: 73 3. <input checked="" type="checkbox"/> 67 sheets of drawings 4. <input type="checkbox"/> Declaration 5. <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement		6. <input type="checkbox"/> Copy of assignment documents from parent applications 7. <input type="checkbox"/> Preliminary Amendment 8. <input checked="" type="checkbox"/> Return Receipt Postcard 9. <input type="checkbox"/> Small Entity Statement 10. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. <div style="text-align: center;">  SIGNATURE OF ATTORNEY/AGENT HELLER EHRMAN WHITE & McAULIFFE LLP Fred C. Hernandez Registration Number: 41,832 </div>			
<input checked="" type="checkbox"/> Benefit of priority: Benefit of priority: Benefit of priority to U.S. Provisional Patent Application Serial No. 60/399,273 filed July 26, 2002 and U.S. Provisional Patent Application Serial No. 60/429,902. This application is a continuation-in-part of the following co-pending patent applications, U.S. Patent Application 09/797,910 filed March 2, 2001 and U.S. Patent Application 10/270,792 filed October 10, 2002. The subject matter of these patent applications are incorporated into this application in its entirety.					
CORRESPONDENCE ADDRESS					
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FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee			\$750/\$375	\$ <u>375.00</u>
b)	Independent Claims	<u>4</u> - 3 = <u>1</u>	x \$84/\$42		\$ <u>42.00</u>
c)	Total Claims	<u>73</u> - 20 = <u>53</u>	x \$18/\$9		\$ <u>477.00</u>
d)	Fee for Multiple Dependent Claims	= \$280/\$140			\$ <u>0.00</u>
TOTAL FILING FEE					\$ <u>894.00</u>

- ☒ Applicant is a small entity.
- ☒ A check is enclosed in the amount of \$894.00 to cover the fee for filing the application.
- ☐ Charge \$_____ to Deposit Account No. 50-1213.
- ☒ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:			
Typed or printed name	Fred C. Hernandez		Reg. Number 41,832
Signature		Date 7/25/03	Deposit Account 50-1213


17607 U.S. PTO
07/25/03

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